

TACTICAL RESPONSE REPORT/Chicago Police Department

SUBJECT INFORMATION	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE	4. BEAT/OCURRED	5. VIDEO RECORDED INCIDENT					
	18-FEB-2017	21:01:00	425 E 63RD ST CHICAGO, IL 60637	304	0312	<input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO					
	6 POSITION	7. LAST NAME	8. FIRST NAME	9. STAR NO.	10. SEX	11. RACE CODE	12. AGE	13. HT	14. WT		
	9161	ANGEL	SAMUEL	16501	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WWH	507	507	220		
	15. DATE OF APPT.	16. EMPLOYEE NO.	17. UNIT & BEAT OF ASSIGNMENT	18. DUTY STATUS	19. MEMBER INJURED?	20. MEMBER IN UNIFORM?					
	27-MAY-2014	003	0306B	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	21. LAST NAME	22. FIRST NAME	23. M.I.	24. SEX	25. RACE	26. D.O.B.	27. HT.	28. WT.			
	WHITE	LEE	WARRE	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	05-AUG-1973	509	168			
	29. ADDRESS	30. TELEPHONE NO.	31. WAS SUBJECT ARMED? HANDS/FISTS, VERBAL THREAT (ASSAULT)	32. SUBJECT INJURED BY MEMBER?	33. SUBJECT ALLEGED INJURY BY MEMBER?						
	6316 S ST LAWRENCE AVE CHICAGO, IL 60637		<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
34. IF SUBJECT INJURED, DESCRIBE INJURY			35. WHERE WAS MEDICAL TREATMENT OBTAINED?								
<input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None			JACKSON PARK HOSPITAL FOUNDATION								
36. BY WHOM?			37. CONDITION	<input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		<input type="checkbox"/> 03 Hospitalized					
DR. MUHAMMAD				<input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid							
38. CHARGES PLACED			<input type="checkbox"/> DNA	39. CB NO	40. IR NO.	<input type="checkbox"/> DNA					
				19439768							
REASON FOR USE OF FORCE (Check all that apply)	40. SUBJECT'S ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT: ASSAULT	ASSAILANT: BATTERY	ASSAILANT: DEADLY FORCE					
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT)	<input checked="" type="checkbox"/>	PULLED AWAY	<input checked="" type="checkbox"/>	OTHER SWINGING ARMS VIOLENCE	<input type="checkbox"/>	ATTACK WITHOUT WEAPON	<input type="checkbox"/>	WEAPON	<input type="checkbox"/>	
	OTHER WALKING AWAY	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	PERCEIVED AS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	
	MEMBER'S RESPONSE	MEMBER PRESENCE	<input checked="" type="checkbox"/>	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input type="checkbox"/>
		VERBAL COMMANDS	<input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/>						
		ESCORT HOLDS	<input checked="" type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>		
		WRISTLOCK	<input checked="" type="checkbox"/>	CANINE	<input type="checkbox"/>						
		ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge)	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
		PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (Contact Stun)	<input type="checkbox"/>					
	CONTROL INSTRUMENT	<input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (ARC Cycle)	<input type="checkbox"/>						
	OC/CHEMICAL WEAPON W/AUTHORIZATION	<input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (Spark Displayed)	<input type="checkbox"/>						
	LRAD WITH AUTHORIZATION	<input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER	<input type="checkbox"/>						
	OTHER	<input type="checkbox"/>									
WEAPON DISCHARGE INCIDENT	41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	RANK	STAR NO	UNIT NO	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL?						
					<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?			44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY			45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY?				
	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member						
	46. WEAPON TYPE			47. INCIDENT OCCURRED	48. LIGHTING CONDITIONS	<input type="checkbox"/> 01 Daylight	49. WEATHER CONDITIONS				
	01 REVOLVER	<input type="checkbox"/> 04 SEMI-AUTO PISTOL	<input type="checkbox"/> 05 CHEMICAL WEAPON	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk	<input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	CLEAR				
	02 RIFLE	<input type="checkbox"/> 06 TASER (Probe Discharge)	<input type="checkbox"/> 07 OTHER								
	03 SHOTGUN										
	54. TASER DART ID NO.	55. WEAPON SERIAL NO. (Include Letters)	56. CHICAGO GUN REG. NO.	57. IL FIREARM OWNER ID. NO.	58. HANDGUN CERTIFICATE NO.						
	59. SPECIAL WEAPON CERTIFICATE NO.	60. PROPERTY INVENTORY NO.	61. TYPE OF AMMUNITION USED	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	63. TOTAL NO. OF SHOTS MEMBER FIRED						
64. WHO FIRED FIRST SHOT	<input type="checkbox"/> 03 OTHER (Specify)	65. WAS FIREARM RELOADED DURING INCIDENT	66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	67. HOW WAS MEMBER'S HANDGUN WORN	<input type="checkbox"/> 03 OTHER (Specify)						
01 MEMBER	<input type="checkbox"/> 02 OFFENDER	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
68. HOW WAS MEMBER'S HANDGUN DRAWN	<input type="checkbox"/> 03 OTHER (Specify)	69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	70. DID MEMBER USE GLOVES	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	<input checked="" type="checkbox"/> LOG#						
01 STRONG SIDE DRAW	<input type="checkbox"/> 02 CROSS DRAW			<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	72. DISTANCE BETWEEN INVOLVED MEMBER AND TARGET WHEN FIRST SHOT WAS FIRED										
	<input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT										
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON	74. POSITION OF MEMBER DISCHARGING WEAPON										
<input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE	<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING										
<input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION	<input type="checkbox"/> 05 OTHER (Specify)										
Attachment 											
75. EVENT NO.  J1159008											

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

ONA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was transported to Jackson Park Hospital and signed in for an involuntary admission. At the time of this report R/Lt had information that the subject was sedated at JPH.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

R/Lt was advised this subject became irate and when dealing with the listed officers regarding an ANOV. It was further learned the subject was a consumer of mental health [REDACTED]. The subject was transported to Jackson Park Hospital for involuntary admission. R/LT did not have any contact with the subject.

Based on the information available at the time of this report, the R/Lt. feels that the officer acted in accordance with existing department policy and directives. No known video available at this time.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED

LOG NO. [REDACTED] OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

OCCONNOR, DANIEL J

86. TRR [REDACTED] OF [REDACTED] TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED

TIME

18-FEB-2017 23:57:51